

# **TENNESSEE COMMUNITY DEVELOPMENT BLOCK GRANT HANDBOOK**

*PREPARED BY:*

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TENNESSEE DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT  
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## INTRODUCTION

This manual is designed to provide information about how to implement a Small Cities Community Development Block Grant project. Each section describes each task needed to accomplish these activities. The supporting materials include samples of forms, documents, letters, and file checklists.

## NATIONAL OBJECTIVE

All CDBG projects must meet one of three national objectives of:

- ❶ Principally benefiting persons of low and moderate income (LMI),
- ❷ Elimination or prevention of slums and blight, or
- ❸ Elimination of conditions detrimental to health, safety, or public welfare.

To qualify as principally benefiting LMI persons, the project must:

- be carried out in an LMI neighborhood and provide services for such persons,
- involve facilities designed for use predominantly by such persons, or
- employ a majority of such persons.

For projects to qualify as aiding in the elimination or prevention of slums or blight, the area to be served, as compared to other areas in the community, must demonstrate:

- the presence of severe urban decay, (such as deteriorating buildings, high crime rate, high vacancy rates, etc.),
- a substantially lower tax base,
- greatest need, and
- an absence of substantial capital reinvestment.

For projects to qualify as eliminating conditions detrimental to health, safety, or public welfare, the following definition will be used in determining project eligibility:

In the absence of substantial evidence to the contrary, an activity will be considered to address this standard if the recipient certifies that the activity is designed to alleviate existing conditions which pose a serious and imminent threat to the health or welfare of the community, which are of recent origin or which recently became urgent, and that the recipient is unable to finance the activity on its own in that other sources of funding are not available. A condition will generally be considered to be of recent origin if it developed or became critical within 18 months preceding the certification by the recipient.

## BENEFICIARIES

If your project qualified for funding under the low and moderate income benefit national objective of the Housing and Community Development Act, documentation must be maintained to verify that at **least 51 percent** of the beneficiaries are low and moderate income persons. This requirement pertains to all benefits associated with your program, whether they are direct or indirect.

A direct benefit is an activity which requires the beneficiary to submit an application or complete a personal record as an integral part of receiving the benefit of that activity. Some examples of direct benefit are:

- Housing rehabilitation
- Utility services provided by the program
- Relocation
- Program generated employment

An indirect benefit is an activity that will benefit the entire community. Some examples of indirect benefits are:

- Water plant improvements
- Street paving
- Water storage tank

On industrial projects, an employee reporting form is used in lieu of a direct or indirect benefit form.

You must keep a record of the number of people who are receiving either direct or indirect benefits from your CDBG project. **At least one** of three forms will apply to your project.

1. Direct Benefit Form (Exhibit 1) lists the people who actually receive the services created by your project,
2. Indirect Benefit Form (Exhibit 2) lists the people who may receive benefits from your project indirectly,
3. Projected Industrial Employee Reporting Form (Exhibit 3) lists the projected number of persons to be employed under an industrial location project. The Current Industrial Employee Reporting Form (Exhibit 4) lists the current employees.

The Employment Summary Form (Exhibit 5) lists all employees hired as a result of this project.

It is essential that any direct benefit be documented. The benefit form, completed and submitted as a part of your application, is the measure of benefits your project will be expected to produce. **Remove this form from your approved application and keep it on file. The target area survey information must also be kept in your files.** The beneficiary information will document both the low and moderate income benefit

(essential for your project to qualify for funding) and the equal opportunity provided to the protected classes of persons as described on the form. Your project will be monitored for both benefits to low and moderate income persons and for equal opportunity.

## **INDUSTRIAL EMPLOYMENT GENERATED BENEFICIARIES/JOBS**

A minimum of 51 percent of the jobs produced by your industrial location/expansion/retention project must be filled by persons from the low and moderate income segment of your community. This income is the Federally determined low and moderate threshold on a county-by-county or MSA basis by **household**. The company receiving the CDBG loan or grant benefits must keep on file employment records to document the LMI benefits. Application forms may be adequate, if they document household income. Jobs Partnership Training Act records provide adequate documentation for low and moderate income jobs.

Important facts to remember regarding LMI benefits include:

- The Employee Reporting Form and the Employment Summary Sheet must be on file with the city/county.
- The company must keep the Applicant Information Form (Exhibit 6) on file.
- At least 51 percent low and moderate income persons (based on household income) must receive jobs.
- Jobs must be created within 24 months of project start up.
- Jobs will be verified on site at close out.
- Penalties will be assessed if job creation falls below the projected number of employees and if 51% low and moderate income people are not hired.

## **WATER AND SEWER BENEFICIARIES**

Water and sewer grantees with hook-ups are required to document that your project will serve at least 51 percent low and moderate income persons.

As hook-ups begin, documentation needs to be kept on the family size and household income. This is done by either using the target area survey forms and sign-ups to verify who received service or by using the "Household Income Verification Form" (Exhibit 7). The "Line Extension Beneficiaries Form" (Exhibit 8) is to be completed for every line extension project. If using the target area survey forms, please have the resident sign the form.

It is essential that this information be on file. You will be monitored at close-out for beneficiaries. **Remember you must serve at least 51 percent low and moderate income persons.**

## 2003 LINE EXTENSION PROJECTS

1. Surveys have to be completed on all households to be served before funds will be released.
2. A copy of the **target area survey form** or **household income survey verification** form must be submitted with the Line Extension Beneficiaries Summary form. Do not send us the originals.
3. The target area survey form must be signed by the homeowner or if you have a form that you use at sign-ups that has their signature, it can be submitted to show that the homeowner has signed up for service.
4. All low and moderate income households must be provided free water/sewer service. This includes tap fees, service lines and connection charges.
5. If the low and moderate income person refuses to hook-up, then they can not be counted as beneficiaries.
6. If the low and moderate income person refuses to accept free taps, then documentation must be on file that they knew what their rights were.
7. People who only live in their houses seasonally and receive service will count as a beneficiary. A survey or household verification form must be on file for them.
8. If the seasonal homeowner is a low and moderate income person, they are still entitled to free service. This includes tap fees, service lines and connection charges.
9. Dry taps for purposes other than household use are not counted as beneficiaries. Dry taps for LMI are not paid for by CDBG funds.
10. The service must be run to the interior of the house, and must be utilized for domestic purposes. If service is not in the house, then they are not counted as beneficiaries.
11. If the property is rental and the homeowner is low and moderate income then free service lines, taps and connections must be provided. The **renter** counts as the beneficiary.
12. If the property is rental and the property owner is high income and pays for the service, then the **renter** can be counted as the beneficiary.
13. If the service lines and connection charges are to be part of the construction bid, then they must be included on the bid form.
14. If the service lines and connection charges for LMI are not going to be part of the construction bid, then approval from ECD must be obtained for the method of installation.
15. The Line Extension Beneficiaries Form along with the back up material will be checked at close-out again. You must serve 51 percent low and moderate income people at close-out.

## SCOPE CHANGES

Your project was approved based upon the information in the application; therefore, changes in the scope of the project must be **approved** by the Department of Economic and Community Development. Grantees were selected for funding based on their proposed program and are expected to carry it out as planned.

A formal **written request must** be submitted to the Program Management Office for scope changes. (Example - changing the size of a water tank from 300,000 gallon to 500,000 gallon is considered a scope change.) The request should include a map showing the change, a summary of the people to be served and a cost estimate. The State will review the request. If it is determined that the changed project would have been funded under the criteria, a letter will be written approving the change. It is **very** important that you never proceed with the requested changes until you have received **written** approval from the state.

Scope changes may require an additional environmental review.

Major reductions in the scope of the proposed work can result in adverse State action -- grant reduction, termination, or a finding of ineligibility for subsequent funding.

## CHANGE ORDERS

Change orders must be submitted to Program Management for approval. Approval must be granted by the State prior to work being done. A budget revision must accompany all change orders.

Change orders which require more than one funding agency's approval will be coordinated; however, those involving Environment and Conservation funding should not be submitted until Environment and Conservation has approved them.

## FORCE ACCOUNT

In order to consider force account work on a project, the following information must be submitted:

- Names and qualifications of personnel performing the work and their capabilities for supervision, planning, inspection, testing, etc., as applicable.
- Details of experience with projects of like or similar nature.
- Information on workload as it may affect capacity to do the work within time frame or work schedule.
- Justification for doing the work by force account rather than by contract.

- A complete breakdown showing the number of work hours and cost per hour for personnel in each labor category and a list of non-salary costs (i.e., materials, supplies, equipment, etc).
- Certification from the above mentioned personnel's supervisor confirming that they are full time city/county employees and have not been hired just for this project.
- Certification confirming the equipment to be used is owned by the city/county and that it is not rental equipment.

For force account to be approved, the city/county must own the equipment and the city/county forces must do the work.

### UNDERRUNS/OVERRUNS

The grant which you have received was to fund a particular activity. The grant is to be used solely for that purpose. If an overrun should occur, it is the responsibility of the grantee to make up the difference. Please refer to the "Labor Chapter" for developing procedures for high bids. If an underrun occurs, the State will reduce the grant proportionally.

### RECORDKEEPING/ADMINISTRATION

The grantee is ultimately responsible for the project. If using a consultant or development district to administer the project, coordination is very important. It should be determined who will handle each task on the project. You must be able to fully document compliance with all applicable regulations of the CDBG program. Your CDBG records must be maintained for a period of three years after close-out. Your records should provide a historical account of your project for examination and review by the State, auditors and local staff. You **must** have one complete set of files **at** the city or county.

### CLOSE-OUT

The close-out report (Exhibit 9) must be submitted to the Program Management Office **one month** after the final pay request is submitted. A second public meeting must be conducted to discuss the accomplishments of the project. A copy of the sign-in sheets and minutes must be submitted with the close-out report. A final disclosure report (Exhibit 10), documentation of the final public meeting, the Economic Opportunities for Low- and Very Low-Income Persons in Connection with Assisted Projects form (Exhibit C-11 in the Fair Housing/Equal Opportunity chapter) and if applicable a Final Wage Compliance Report (Exhibit E-16 in the Labor chapter) are also required to be submitted with the close-out report.

Any findings must be resolved prior to close-out. All records must be kept for three years from the date that close-out procedures are complete. If any litigation, claim, or audit is started before the expiration of the three year period, the records must be kept until the action has been resolved.

The following file system checklist has been established to help you maintain your records:

Tennessee Small Cities Community Development Block Grant Program
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\_\_\_\_\_  
(Project Name)

\_\_\_\_\_  
(Project Number)

**APPLICATION FILE**

- ☐ Full Application as submitted to State
- ☐ Additional information submitted

**CITIZEN PARTICIPATION FILE**

- ☐ Public hearing notices
- ☐ Public hearing minutes
- ☐ General public correspondence

**CONTRACT FILE**

- ☐ Award letter
- ☐ Contract
- ☐ "Request for Removal of Contract Conditions and Release of Funds"
- ☐ "Notice of Removal of Contract Conditions and Release of Funds"
- ☐ Correspondence concerning contract conditions
- ☐ Scope changes and approvals

**GENERAL CORRESPONDENCE FILE**

- ☐ General correspondence
- ☐ State general correspondence/memos

**STATE MONITORING FILE**

- ☐ State letters of findings/recommendations
- ☐ Community response to letter of findings
- ☐ Other correspondence related to State monitoring visits



## **ENVIRONMENTAL REVIEW RECORD FILE**

- ☐ Copy of "Environmental Review Record" as submitted to ECD
- ☐ Copy of "Letter of Removal of Environmental Condition"

## **FINANCIAL MANAGEMENT FILE**

- ☐ "Designation of Depository Form"
- ☐ "Authorized Signatures Form"
- ☐ "Request for Payment"
- ☐ Budget revisions
- ☐ Accounting books of original and final entry

## **ADMINISTRATIVE SERVICES PROCUREMENT FILE**

- ☐ Solicitation letters (at least three)
- ☐ Actual statements of qualifications received
- ☐ Evaluation of administrative qualifications
- ☐ Written statement of the reason the winner was selected
- ☐ Contract(s)

## **ENGINEERING/ARCHITECTURAL SERVICES PROCUREMENT FILE**

- ☐ Solicitation letters (at least three)
- ☐ Actual statements of qualifications received
- ☐ Evaluations of qualifications
- ☐ Written statement of the reason the winner was selected
- ☐ Contract(s)

## **EQUAL OPPORTUNITY/FAIR HOUSING FILE**

- ☐ Documentation of a Fair Housing Activity, include dollar amount of CDBG funds used for activity
- ☐ Copy of the Analysis of Impediments
- ☐ Copy of Fair Housing Ordinance; if any
- ☐ Section 3 Questionnaire with Attachments
  - LMI Threshold Figures
- ☐ City/County Hiring Policies
- ☐ Policy of Non-Discrimination
- ☐ Contractor/Subcontractor Activity Report
- ☐ Documentation of attempts to solicit participation from Minority/Female Businesses
- ☐ List of Minority/Female Contractors
- ☐ "Bid Advertisement for Construction"
- ☐ Beneficiaries
  - ☐ "Direct Benefit Form" (if applicable)
  - ☐ "Indirect Benefit Form" (if applicable)
  - ☐ Sewer/water beneficiaries (if applicable)

## **ACQUISITION FILE**

- ☐ Master list of easements
  - ☐ "Documentation of Solicitation for Appraisal Services" (if applicable)
  - ☐ "Agreement for Appraisal Services" (if applicable)
  - ☐ Site Acquisition Report
  - ☐ Copy of booklet *When a Public Agency Acquires Your Property*
  - ☐ Disposition of property (if applicable)
  - ☐ Letter from State, County or City if their right-of-way is used
  - ☐ Individual easement/property files (as required for donation or purchase)
    - ☐ Copy of "Preliminary Acquisition Notice" indicating that booklet was sent
    - ☐ Documentation "When A Public Agency Acquires Your Property" was sent
    - ☐ Registered/Certified Mail receipts or receipt for hand-delivered notices
    - ☐ "Waiver of Rights"
    - ☐ "Invitation to Accompany Appraiser"
    - ☐ Copy of appraisal (if applicable) or "Short Form for Easements"
    - ☐ Appraisal Report Review, if applicable
    - ☐ Short form for Easements, if applicable
    - ☐ Copy of "Statement for the Basis of Determination of Just Compensation" (if applicable)
  - ☐ "Offer to Purchase" (if applicable)
  - ☐ "Offer of Sale of Land"
  - ☐ Justification for any payment above the just compensation value
  - ☐ Copy (front and back) of cancelled check indicating payment for the acquisition
  - ☐ "Statement of Settlement Cost"
  - ☐ Copy of "Easement Agreement" or title to property (as applicable)
  - ☐ Documentation concerning condemnation proceedings (if applicable)
  - ☐ "Notice of Intent Not To Acquire", if applicable

## **LABOR STANDARDS COMPLIANCE FILE**

- ☐ "Wage Rate Request Form" and "Wage Decision"
- ☐ Certification of Compliance with Minimum Standards for Accessibility by Physically Handicapped. (Applicable to buildings only)
- ☐ Memo to file confirming that the *10-day Call* was made
- ☐ Minutes of the Bid Opening
- ☐ Detailed Tabulation of bids
- ☐ "Recommendation for Award"
- ☐ "Verification of Contractor Eligibility"
- ☐ "Notice of Contract Award and Pre-Construction Conference"
- ☐ "Pre-Construction Conference Report"
- ☐ Executed Contract Documents including all certifications
- ☐ "Notice to Proceed"
- ☐ "Notice of Start of Construction"
- ☐ Weekly payrolls
- ☐ Evidence that payrolls were checked against the wage decision
- ☐ "Statements of Compliance" signed by an officer of the company
- ☐ Monthly employee interviews
- ☐ Evidence that the monthly employee interviews were checked against payrolls and the applicable wage decision
- ☐ Evidence that the posters were on site
- ☐ "Final Wage Compliance Report"

If discrepancies occur:

- ☐ Evidence of restitution/resolution of identified discrepancies
- ☐ Complaints from workers (if any) and actions taken
- ☐ Liquidated damages assessed, appeals (if applicable), and outcome.

## **CONSTRUCTION CONTRACT COMPLIANCE FILE**

- ☐ Preliminary design and cost estimates
- ☐ Final design documents and cost estimates
- ☐ Evidence that all necessary land or easement acquisition has been completed prior to advertising for bids
- ☐ Approval of bid documents by authorities having jurisdiction over the project (as appropriate)
- ☐ "Certification of Insurance/Bonding"
- ☐ Construction site visit reports

## **RELOCATION FILE**

### **Voluntary**

- ☐ Case Files
- ☐ General Information Notice
- ☐ Claim for Replacement Housing Payment for 180-Day Homeowner
- ☐ Acknowledgement of Services and Payment for Voluntary Relocation
- ☐ Description of why the relocation took place

### **Involuntary**

- ☐ "Fully Completed Case Record Form"
- ☐ "Notice of Eligibility"
- ☐ Evidence of receipt by relocatee
- ☐ Evidence of referrals to replacement housing
- ☐ Copy of "90 Day Notice" and evidence of receipt (if applicable)
- ☐ Copy of "30 Day Notice" and evidence of receipt (if applicable)
- ☐ "Record of Inspection of Replacement and Referral Units"
- ☐ Copy of each relocation claim, worksheet, and supporting documentation
- ☐ Evidence of verification of claim
- ☐ Copies of cancelled checks
- ☐ Acknowledgement of payments and services rendered
- ☐ Appeal (if filed) and Disposition
- ☐ Records of each relocatee by race and sex
- ☐ Records of where each relocatee was located
- ☐ A signed statement verifying that relocatee was offered housing outside minority areas
- ☐ If a court case was filed, how the case was resolved and what assistance was given to the relocatee by the community

## **FIRE PROTECTION PROJECT FILE**

- ☐ Specifications
- ☐ Copy of newspaper advertisement
- ☐ ECD and Fire Marshall approval letter
- ☐ Bid Tabs (all bids submitted should be on file)
- ☐ ECD approval letter for bid tabulations
- ☐ Photos of items purchased

## **HOUSING REHABILITATION FILE**

- ☐ Copy of *Policies and Procedures*
- ☐ Copy of *General Conditions and Specifications*
- ☐ Prioritized list of eligible homeowners
- ☐ Disqualified applicants and the reason for disqualification
- ☐ Master list of all dwellings

Individual case file for each dwelling should include the following:

- ☐ "Housing Rehabilitation Application"
- ☐ "Ineligible for Assistance" (if applicable)
- ☐ Rehabilitation work write-up
- ☐ Rehabilitation bid tabulation
- ☐ Approval for rehabilitation assistance
- ☐ "Grant Agreement"
- ☐ "Right of Rescission"
- ☐ "Notice to Proceed"
- ☐ "Inspection Report"
- ☐ "Change Orders" (if necessary)
- ☐ "Final Invoice" and "Release of Liens and Warranty"
- ☐ "Non-Kickback Certification"
- ☐ "Certification of Completion" and "Final Inspection"
- ☐ "Receipt of Final Payment"
- ☐ Contract for rehabilitation
- ☐ "Lead Poisoning Notice"
- ☐ Prevention of the Use of Lead Based Paint
- ☐ Determination of Need for Testing
- ☐ Inspection of Lead Based Paint Poisoning Hazard
- ☐ "Certificate of Escrow Account"
- ☐ Copies of contractor payments (cancelled checks)
- ☐ Follow-up visits
- ☐ Written complaints, resolution, and correspondence

## **AUDIT**

- ☐ Audit for each year included in grant period
- ☐ Evidence clearing all audit exceptions

## **CLOSE-OUT**

- ☐ Documentation of Final Public Hearing
- ☐ "Close-Out Report"
- ☐ "Target Area Surveys"
- ☐ "Water/Sewer Beneficiaries Form"
- ☐ "Disclosure Form"

## MAJOR ACTIVITIES IN IMPLEMENTING CDBG PROJECTS

### Quarters

1			2			3			4			5			6						
1 Act:    Envir. Review  Who:    Admin.  Ref:     Envir. Chapter B			4 Act:    Prepare P&S  Who:    Eng.  Ref:     Labor Chapter E			6 Act:    Approve P&S  Who:    ECD-TDEC  Ref:     Labor Chapter E			7 Act:    Advertise  Who:    Admin.  Ref:     Labor Chapter E			8 Act:    Contractor Approval  Who:    ECD-Adm.  Ref:     Labor Chapter E			9 Act:    Const.  Who:    Contractor  Ref:     Labor Chapter E			10 Act:     Check Payrolls Employee Interviews  Who:     Admin.  Ref:     Labor Chapter E			11 Act:    Close-Out  Who:    Adm.-ECD  Ref:     Finance Chapter B
2 Act:    EO/FH  Who:    Admin.  Ref:     EO/FH Chapter C			5 Act:    Acquisition  Who:    Appraiser  Ref:     Acquisition Chapter D																		
3 Act:    Finance  Who:    Admin.  Ref:     Finance Chapter A												12 Act:    Housing  Who:    Admin. - Contractor  Ref:     Housing Chapter G									

Tennessee Department of Economic and Community Development

**DIRECT BENEFIT FORM**

Name of Grantee \_\_\_\_\_

Activity Name	Persons that the activity will serve		Minority* Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

A direct benefit is an activity which requires the beneficiary to submit an application or to complete a personal record as an integral part of receiving the benefit of that activity. This chart will be filled out by all grantees that he direct benefits. For CDBG money only.

\* If an entry is made in the column, please refer to the attached sheet.

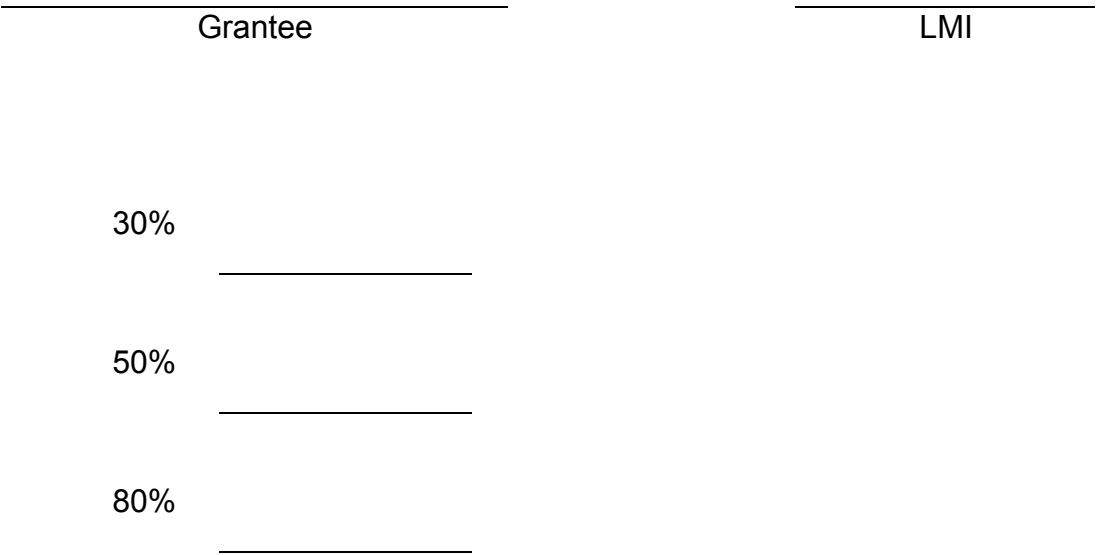
## MINORITY BENEFIT BREAKDOWN

1. African American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]



Low and Moderate Income Breakdown



\* Number of people not houses.

Tennessee Department of Economic and Community Development

**INDIRECT BENEFIT FORM**

Name of Grantee \_\_\_\_\_

Activity Name	Persons that the activity will serve		Minority * Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

\_\_\_\_\_

An indirect benefit is an activity that will benefit the entire community. For CDBG money only.

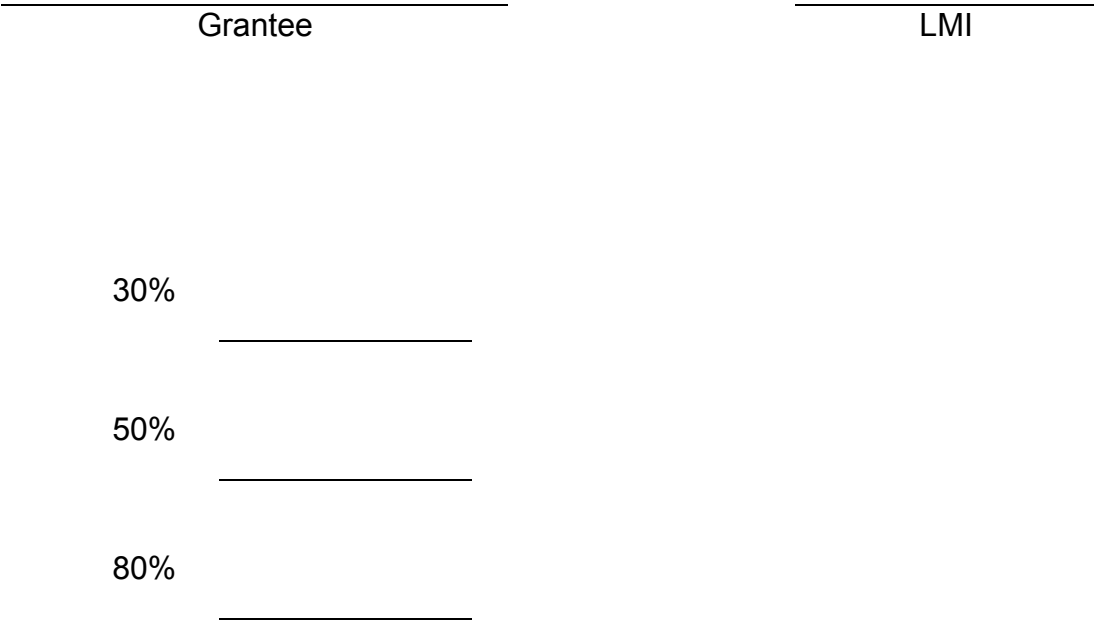
\* If an entry is made in this column, please refer to the attached sheet.

## MINORITY BENEFIT BREAKDOWN

1. African American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]

Low and Moderate Income Breakdown



\* Number of people not houses.

# PROJECTED INDUSTRIAL EMPLOYEE REPORTING FORM

(Name of Grantee)

(Name of Company)

(Signature of Company Official)

## EMPLOYEE INFORMATION

[illegible]

Projections should cover a 24 month period **after** business start-up.

\_\_\_\_\_ Projected or actual number of unskilled persons<sup>②</sup> to be hired and trained by the company.

\_\_\_\_\_ Projected or actual number of unskilled persons<sup>②</sup> trained by a State job training program.

① Individuals enrolled in the JTPA "Dislocated Workers Program" **cannot** be counted as low/moderate income persons.

② Those persons who can be hired without specific skills or job categories and qualify for training under JTPA.

# CURRENT INDUSTRIAL EMPLOYEE REPORTING FORM

(Name of Grantee)

(Name of Company)

(Signature of Company Official)

## EMPLOYEE INFORMATION

[illegible]

①

## MINORITY BENEFIT BREAKDOWN

1. African American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]

# EMPLOYMENT SUMMARY FORM

## Check Boxes

[illegible]

\* If an entry is made in this column, please refer to the attached sheet.



5a

## MINORITY BENEFIT BREAKDOWN

1. African American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]

<b>APPLICANT INFORMATION</b>
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\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name of Applicant

Total number of persons living in your house \_\_\_\_\_

Total income of persons living in your house<sup>①</sup> \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Race**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Female Head<br>of Household | <input type="checkbox"/> African American/Black                 | <input type="checkbox"/> American Indian/Alaskan Native &<br>African American/Black |
| <input type="checkbox"/> Male                        | <input type="checkbox"/> Hispanic                               | <input type="checkbox"/> American Indian/Alaskan Native &<br>African American/Black |
| <input type="checkbox"/> Female                      | <input type="checkbox"/> Asian                                  | <input type="checkbox"/> African American/Black & White                             |
| <input type="checkbox"/> Disabled                    | <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Asian & White  |
| <input type="checkbox"/> Elderly (over 62)           | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial   |

It may be necessary for this information to be verified.

<b>FOR COMPANY USE ONLY</b>
-----------------------------

LMI Determination by Family Size<sup>②</sup>

1	2	3	4	5	6	7	8
\$							

Eligible Yes ☐ No \_\_\_\_\_

Date of Hire \_\_\_\_\_

<sup>①</sup> Intervals can be given.

<sup>②</sup> These figures are different for each county. LMI thresholds are determined by family income adjusted for family size.

<b>HOUSEHOLD INCOME VERIFICATION FORM</b>
---

☐ LMI      ☐ Non-LMI

\_\_\_\_\_  
City

\_\_\_\_\_  
County

TO PROJECT AREA RESIDENT:

As you know, you stand to benefit from a Federally funded project in your neighborhood. In order to comply with Federal requirements, we need to verify that persons benefitting from the project meet the standards set for income limits. This information is confidential and will be used in connection with this project only.

Please complete the blanks.

\_\_\_\_\_  
**① Head of Household**

\_\_\_\_\_  
**② Address**

\_\_\_\_\_  
**③ Age**

\_\_\_\_\_  
**④ Social Security Number**

- ⑤**      ☐ African American/Black      ☐ Native Hawaiian/Other Pacific Islander      ☐ African American/Black & White  
☐ Hispanic      ☐ American Indian/Alaskan Native & White      ☐ Asian & White  
☐ Asian      ☐ American Indian/Alaskan Native & African      ☐ Other Multi-Racial  
☐ American Indian/Alaskan Native      American/Black

**⑥**    ☐ Male    ☐ Female

**⑦**    ☐ Disabled

\_\_\_\_\_  
**⑧ Number of Dependents**

\_\_\_\_\_  
**⑨ Family Size**

\_\_\_\_\_  
**⑩ Total Annual Household Income**

<b>CERTIFICATION BY RESIDENT</b>
----------------------------------

I hereby certify that all information on this form and all information furnished in support of this certification is given for the purpose of obtaining assistance under the (GRANTEE) Community Development Block Grant and is true and complete to the best of my belief and knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Signature

Summary based on target area surveys for everyone that received service. Use as many pages as necessary.

Summary based on target area surveys for everyone that received service. Use as many pages as necessary.

<b>CDBG PROJECT CLOSE-OUT REPORT</b>
--------------------------------------

Project Name \_\_\_\_\_

Grantee \_\_\_\_\_ Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Contract Number \_\_\_\_\_

Year \_\_\_\_\_

Total Project Costs \_\_\_\_\_

CDBG Project Cost \_\_\_\_\_

### **ACCOMPLISHMENTS**

---

Project Description As Proposed:

Project As Completed:

## BENEFICIARIES

---

### **Direct Benefit** (*e.g., water or sewer hookups, jobs, housing improvements, etc.*)

Proposed number of people to receive direct benefits from this project

\_\_\_\_\_

Actual number of people who received direct benefits from this project

\_\_\_\_\_

### **Indirect Benefit** (*e.g., system-wide projects, etc.*)

Proposed number of people to receive indirect benefits from this project

\_\_\_\_\_

Actual number of people who received indirect benefits from this project

\_\_\_\_\_

Describe the benefit:

### **LMI Benefit**

Proposed LMI percentage benefit

\_\_\_\_\_

Actual LMI Benefit  
(*Please complete form I-3*)

\_\_\_\_\_

If your project was a line extension project, please complete form I-4 which lists everyone served by the project.

## EMPLOYMENT

---

Proposed number of people to be employed

\_\_\_\_\_

Actual number of people employed as of the date of this report

\_\_\_\_\_

BALANCE

\_\_\_\_\_

Projected Dates of Hiring Balance:

IF YOUR PROJECT INVOLVES JOB CREATION, PLEASE COMPLETE FORMS I-1 AND I-2.

# INDUSTRIAL EMPLOYEE REPORTING FORM

\_\_\_\_\_  
(Name of Grantee)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Signature of Company Official)

## EMPLOYEE INFORMATION

Job Category	Low/Moderate Income Persons <sup>①</sup>	Minority	Female Head of Household	Male	Female	Disabled	Elderly	Total # Persons to be Hired	Percentages <b>STATE USE ONLY</b>
TOTALS									

Projections should cover a 24 month period **after** business start-up.

\_\_\_\_\_ Projected or actual number of unskilled persons<sup>②</sup> to be hired and trained by the company.

\_\_\_\_\_ Projected or actual number of unskilled persons<sup>②</sup> trained by a State job training program.

<sup>①</sup> Individuals enrolled in the JTPA "Dislocated Workers Program" do not automatically count as low/moderate income persons.

<sup>②</sup> Those persons who can be hired without specific skills or job categories and qualify for training under JTPA.

## EMPLOYMENT SUMMARY FORM

## Check Boxes

[illegible]



**PROGRAM CLOSEOUT FORM: PROJECT BENEFIT\***

Tennessee Community Development Block Grant Program				Number of LMI Beneficiaries					
1. Grantee:				Number of Minority Beneficiaries					
2. Contract Number:				Number of Elderly Beneficiaries					
				Number of Hancapped Beneficiaries					
				Female Head of Household					
				Total No. Served					
Activity**	Actual Cost	% Benefiting LMI Persons	Total Amount Benefiting LMI						
3	4	5	6	7	8	9	10	11	12
13. Method of determining benefit:									

\* Complete for all activities principally benefiting low-moderate income persons.  
\*\* Use those items which are listed on Form I-5.

## WATER/SEWER LINE EXTENSION BENEFICIARIES SUMMARY

Name	Family Size	Family Income	LMI	Free Tap, Service, Connection	Comments

Summary based on target area surveys for everyone that received service. Use as many pages as necessary.

COMMUNITY DEVELOPMENT BLOCK GRANT  
\_\_\_\_\_ YEAR

**FINAL STATEMENT OF COSTS**

	Budget	Cumulative Expenditures	Unpaid Obligations	Total Costs	CDBG Portion
Construction					
Construction Inspection					
Engineering Design					
Other Engineering Services					
Legal Services					
Appraisals					
Acquisition					
Relocation					
Housing Rehabilitation					
Housing Inspection					
Clearance					
Administration					
Environmental Review					
Tap Fees for LMI					
Other ( <i>Specify</i> )					
TOTAL PROJECT COSTS					

1. Have all funds drawn from CDBG been disbursed? \_\_\_\_\_ If no, provide explanation.
2. Has there been any program income collected on this project other than returned to the State revolving loan fund? \_\_\_\_\_ If yes, provide explanation.
3. Was any real or personal property acquired with grant funds? \_\_\_\_\_ If yes, give a description.

**CERTIFICATION**

---

With reference to the above project, I, the undersigned administrator of the grantee, certify that the above information is true and correct.

---

*Name and Title*

---

*Date*

---

*Address*

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

## Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (include area code):

( ) -

2. Social Security Number or  
Employer ID Number:

- -

3. HUD Program Name

4. Amount of HUD Assistance  
Requested/Received

5. State the name and location (street address, City and State) of the project or activity:

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☐ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☐ No.

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However**, you must sign the certification at the end of the report.

## Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

## Certification

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:

Date: (mm/dd/yyyy)

X

**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

## Instructions

### Overview.

**A. Coverage.** You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

**B. Update reports (filed by "Recipients" of HUD Assistance):**

**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to **either** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

#### Part II. Other Government Assistance and Expected Sources and Uses of Funds.

**A. Other Government Assistance.** This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

**B. Non-Government Assistance.** Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD **and any other source** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

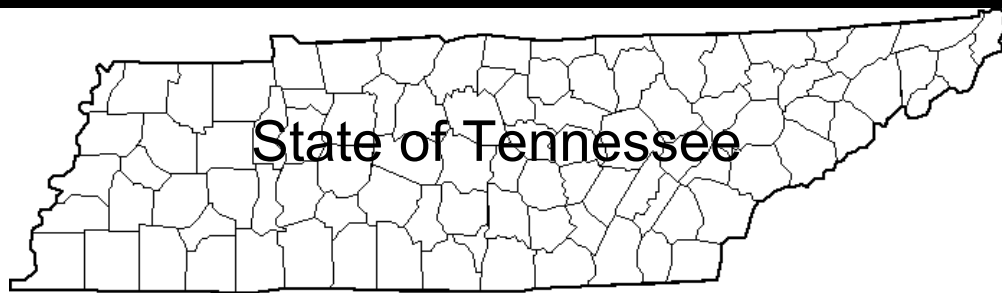
**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

#### Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.



# Community Development Block Grant Handbook

## **CHAPTERS**

ENVIRONMENTAL  
FINANCIAL MANAGEMENT  
EQUAL OPPORTUNITY/FAIR HOUSING  
ACQUISITION  
LABOR  
RELOCATION  
HOUSING